United Nations A/68/PV.102

General Assembly
Sixty-eighth session

Official Records

102nd plenary meeting
Friday, 11 July 2014, 10 a.m.
New York

President: Mr. Ashe ..... (Antigua and Barbuda)

In the absence of the President, Mrs. Miculescu (Romania), Vice-President, took the Chair.

The meeting was called to order at 10.05 a.m.

Agenda item 118 (*continued*)

Follow-up to the outcome of the Millennium Summit

High-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases

Mr. Sareer (Maldives): On behalf of the Republic of Maldives, I wish to express our appreciation to the President of the General Assembly for convening this High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (NCDs).

My delegation aligns itself with the statement made by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

The Maldives has long championed the technical guidance of the World Health Organization (WHO) in the control of communicable diseases. Over the past few decades the burden of communicable diseases has been reduced to a manageable level.

As is the trend in many other countries, in the past decade the Maldives has been plagued with chronic non-communicable diseases. NCDs have emerged as the main cause of morbidity and mortality in the country. In the Maldives, NCDs, including injury, account for 78 per cent of the total disease burden, with cardiovascular, ischemic, hypertensive and chronic respiratory diseases and diabetes as the leading killers. In recognition of the situation and the challenges that lie ahead, the Maldives — under the auspices of the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, which followed the Political Declaration of the 2011 High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) — has embarked on a holistic approach to control NCDs in the country.

Aligning itself with the Global Action Plan and the global targets for controlling the four major risk factors for NCDs, the Maldives has already developed a national multisectoral action plan for 2014-2020. Tobacco-control legislation that complies with the WHO Framework Convention on Tobacco Control (FCTC) has been in place since 2010, with a multisectoral statutory body to oversee its implementation.

We recognize that the prevention and control of non-communicable diseases requires holistic, rational and cost-effective approaches over the course of a lifetime. We believe that as we move forward in our efforts, we should always be mindful of the globally recognized challenges, opportunities and best practices, as well as those related to the country context. In that regard, my delegation wishes to highlight the following approaches.

This record contains the text of speeches delivered in English and of the translation of speeches delivered in other languages. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room U-0506. Corrected records will be reissued electronically on the Official Document System of the United Nations (http://documents.un.org).

14-46357 (E)

Accessible document Please recycle

First, regional and international collaboration is crucial in meeting the NCD targets. That includes harnessing the collective will of all sectors, taking coordinated and shared actions against negative promotions and advertisements of harmful goods, harmonizing tobacco taxes and strengthening anti-smuggling measures.

Secondly, to further strengthen the regions' capacity, opportunities for greater collaboration must be explored, such as sharing and utilizing training capacities, sharing information on research and best practices, benefiting from the pooled procurement of items such as essential medicines, combining markets and gaining price advantages through economies of scale that would otherwise not be possible for smaller countries.

Thirdly, implementation efforts at the country level should recognize the importance of a cohesive plan that should seek to align with or incorporate related international agreements and instruments, including the FCTC, the Global Strategy to Reduce the Harmful Use of Alcohol and similar agreements and recommendations for the marketing of food products.

Fourth is recognizing and agreeing that tobacco control remains the most challenging but cost-effective strategy to control NCDs, and fifth is recognizing that our efforts to control NCDs would pit us directly against powerful business interests. Whether those efforts involve tobacco control, unethical marketing, food labelling or tax increases, industry pressure and interference will always be a challenge that we have to confront head on and overcome.

In closing, I wish to emphasize that controlling chronic diseases is the key to a healthy and productive population. Success will require a sustained, long-term commitment from international agencies, Governments, local leaders, civil society and all of us. As we embark on this important review, I wish a successful outcome to all.

The Acting President: I thank the Permanent Representative of Maldives not only for the substance of his statement, but for keeping it short. We have 21 speakers left on the list. I would like to appeal to all of our colleagues to deliver a condensed version of their statement and distribute the full version through the website.

Mr. Rupanichkij (Thailand): At the outset, allow me to express our appreciation for the organization of this meeting on the very important issue of non-communicable diseases (NCDs), which annually affect more than 36 million people, 80 per cent of whom are in low- and middle-income countries.

Thailand welcomes the progress in implementation of the Political Declaration of the 2011 High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex). The Political Declaration is an important document that paved the way for the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, which encompasses nine voluntary global targets. We sincerely appreciate the kind co-facilitation by the World Health Organization of all processes that led to tangible outcomes. We also appreciate members' active engagement in the process.

Thailand is pleased to note considerable developments in the prevention and control of NCDs in recent years, namely, the Political Declaration, the overarching target of reducing premature deaths by 25 per cent and the nine voluntary global targets under the Global Action Plan adopted in 2013. In addition, the indicators and long-term reference processes for the global coordination mechanism and the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases were set out in May of this year.

Although several frameworks have been set out at the global level, it is very unfortunate that only limited changes have been seen on the ground. Thailand believes that it is now time to walk the talk and fulfil our responsibility to set up effective implementation on the part of Member States. Delay in commitment will result in an increased death toll from NCDs, which will subsequently result in economic losses.

To see changes on the ground, Thailand believes it is vital to change our paradigm in addressing the major myths about NCDs. We must acknowledge that tackling NCDs will not halt economic growth; on the contrary, it will promote economic development in the long run. This notion has been seen in the light of the promotional appeal, which is complementary to the promotion of goodwill. They are mutually reinforcing, as investments made in NCD prevention and control will lead not only to improvements in health, but also

to overall social and economic development and well-being.

Thailand has endeavoured to develop various means to prevent and control NCDs at the national level. In June, the sixth national health assembly adopted a resolution on a national target on the prevention and control of NCDs in Thailand. The resolution fine-tuned our national target, in line with the global and South-East Asia regional targets, and strengthened the surveillance and information system. It also marked the beginning of the process to develop Thailand's national NCD prevention and control strategy.

At the regional level, Thailand, in cooperation with the Association of Southeast Asian Nations plus China, Japan and the Republic of Korea (ASEAN+3), cooperates on universal health coverage to contribute to the prevention and control of NCDs. The first steering committee meeting of the Network of ASEAN+3 on universal health coverage, organized by Thailand in April, was tasked to organize, discuss and agree on a plan of action. The Network will provide a platform to support and accelerate development for well-being and a sustainable universal health-coverage system that encompasses the control of NCDs.

At the global level, Thailand supports and welcomes the inclusion of NCD prevention and treatment as one of the targets of the sustainable development goals (SDGs). Thailand seeks to continue support and cooperation on the issue of NCDs so that it remains a global issue and an SDG in the post-2015 development agenda.

In our experience, the prevention and control of NCDs stands to benefit significantly from strengthened health systems, especially universal health coverage. Promotion of a universal health coverage system can be an overarching goal for improving health outcomes at the national level and achieving the global NCD target. Universal health coverage provides health equity by ensuring the right to health care and better health at an affordable price, which is the fundamental goal in providing health services. It enables access to health care and minimizes household financial catastrophic spending on health care. That, in turn, prevents the social costs of medical bills.

Thailand took the time to develop universal health coverage and achieved it in 2002. We are happy to share our experiences and best practices and to cooperate with other countries in developing and strengthening the universal health coverage system.

In closing, Thailand reiterates its support for the comprehensive outcome document of this meeting (resolution 68/300) and looks forward to working closely with other Member States on this important global agenda item, during this meeting and beyond.

Mrs. Rubiales de Chamorro (Nicaragua) (*spoke in Spanish*): My delegation wants to thank the President of the General Assembly for convening this important meeting. We also want to thank the Caribbean Community for its work in this area.

We want to align ourselves with the statement delivered by the representative of the Plurinational State of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

According to studies carried out by the World Health Organization, it is estimated that in the coming years the number of people dying from non-communicable diseases (NCDs) will continue to increase globally. Our countries must undertake commitments in order to be able to fight those diseases. That is why our Government, which is committed to the well-being of its people, is developing a strategy which has greatly helped to prevent diseases. The strategy has to do with clean, healthy and good living. It is a strategy in which all communities are struggling to maintain clean homes, eat healthily and develop healthy habits, which help to prevent the chances of getting sick.

As part of the living-well campaign, the authorities of the Ministry of Health and the Ministry of Labour have been steadily developing and promoting preventive health measures, which involve all Nicaraguan citizens through the offices of the family, health and home, with a view to ensuring the well-being of Nicaraguan citizens. Avoiding the start and development of some diseases will depend on each family's quality of life, taking into account their good eating habits and habits that are healthy and in accord with Mother Earth. All diseases and habits are preventable, and the earlier they are detected, the easier it is to treat them. That is why prevention and early-detection activities for men and women are being carried out through health fairs and health days aimed at detecting different diseases.

In recent years the public health system in our country has increased and extended all health services across the country, increasing the network of services in 1,235 health units and increasing the medical personnel throughout the country. In May 2013, Nicaragua hosted the Mesoamerican meeting on public health, which

included the participation of representatives of all of Central America — Belize, Colombia, Mexico and the Dominican Republic. They came together to develop strategies to combat the diseases most common among the people of the region. The meeting was held in order to review the progress of the Mesoamerica Health 2015 programme, which is an international cooperation initiative to strengthen factors such as combatting child malnutrition and teenage pregnancy. Action plans were also agreed on for issues such as dengue fever, road safety, smoking regulations and communicable and non-communicable or chronic diseases.

In Nicaragua, the Mesoamerica Health 2015 programme is being implemented in 190 communities of 19 municipalities of four local systems of primary care, or SILAIS. It seeks to improve access to maternal and child health services, based on the family and community health model and the autonomous intercultural health system in the North Atlantic Autonomous Region.

It is clear to us that the promotion of health and the prevention of diseases is the most suitable long-term solution to the problem of chronic non-communicable diseases. In that regard, the Ministry of Health, together with community networks, is already working on promoting health, starting with the community. Preventive and community health is what will ensure the health of all Nicaraguans and that the rates of disease do not increase.

Mr. Mukerji (India): I thank the President for convening this High-level Meeting.

Non-communicable diseases (NCDs) have emerged as the leading cause of disability and death globally. They impact productivity and impoverish society due to burgeoning health expenditures. They pose a mounting challenge to health-care practitioners and policymakers.

India aligns itself with the statement made by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke was launched in India in 2010 as a pilot project in 100 districts. It has since been extended to all 640 districts of our country, with a projected budget of $2 billion for the 2012-2017 period. Additionally, approximately $900 million have been allocated for strengthening comprehensive cancer care. The priority areas are, first, creating general awareness about NCDs and promoting healthy lifestyle habits, with the involvement of community, civil society, the media and so on. The second area is screening for diabetes, hypertension and common cancers and establishing referral mechanisms for follow-up. Third is building capacity for prevention, early diagnosis, treatment, operational research and rehabilitation at all levels of health care, and fourth is the monitoring framework, which has been established, with 10 targets and 21 indicators to be achieved by 2025, to track morbidity and mortality, risk factors and the response of national systems to NCDs. Another important endeavour is the revitalization of primary health care to integrate the response to communicable and non-communicable diseases.

India's technology innovations have led to affordable health care, not only for us but also for many other countries. These include the development of recombinant human insulin, the polypill for the prevention of cardiovascular and stroke events, a clot buster to enhance efficiency and a heart valve for rheumatic heart disease.

NCDs pose enormous development challenges for developing countries, with the poor being disproportionately affected. We must therefore address the barriers that restrict access to affordable and newly developed medicines. It is vital to ensure universal access to medicines, including through the full use of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and the Declaration on the TRIPS Agreement and Public Health.

We also need to share resources, technical expertise and best practices to improve the capacity, accessibility and affordability of health care in a collaborative manner to combat NCDs. I would like to thank the World Health Organization for its Global Action Plan for the Prevention and Control of NCDs 2013-2020. We believe that the issues I have just highlighted should be included in our discussions on the formulation of the post-2015 development agenda.

In conclusion, let me reaffirm India's strong commitment to the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex),

as well as the outcome document of this meeting (resolution 68/300) .

Mr. McLay (New Zealand): New Zealand welcomes this High-level Meeting to review progress on the prevention and control of non-communicable diseases (NCDs). It is an important signal of our collective ongoing commitment to addressing the issues that those diseases pose for every one of us.

New Zealand takes a strong interest in dealing with non-communicable diseases from a national, regional and global perspective. Within New Zealand we experience high rates of obesity, cardiovascular disease, diabetes and cancers. We seek to address those issues through a suite of policy measures in line with the 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), and we give high priority to averting the NCD crisis.

New Zealand is also focused on assisting the Pacific region, our immediate neighbourhood, to make progress on NCDs. It is a key priority under our aid programme in the Pacific. NCDs are a major health challenge in the region, so much so that in 2011, Pacific Islands Forum leaders declared that "the Pacific is in an NCD crisis". The region experiences very high rates of premature deaths, and NCDs are responsible for nearly 70 per cent of all deaths. So in those circumstances we give high priority to addressing NCDs in the Pacific.

NCDs are not only a health challenge, they are also an economic challenge. They impose large costs on already overstretched Government health budgets and large social and economic costs on individuals and on economies. Developing countries bear a greater burden in terms of mortality and disability.

It is a cause for optimism that NCDs are largely preventable, but effective prevention and control requires reducing risk factors throughout a person's life, beginning at conception. It requires multisectoral and whole-of-Government approaches to health over a range of policy areas. In New Zealand, the combined efforts of academia, civil society and Government have led to steady progress in reducing smoking and tobacco consumption.

Like the Maldives and Nicaragua before me, New Zealand has been at the forefront of legislation for completely smoke-free environments in public places and transport, educating on the dangers of tobacco and tobacco smoke. We have made progress towards banning all forms of tobacco advertising, promotion and sponsorship. We have seen our youth smoking rate drop from 14 per cent to 6 per cent in the past five years.

New Zealand recognizes that health is both a prerequisite for and an outcome of sustainable development. Like India and Thailand, we believe that NCDs are undoubtedly one of the major challenges to development in the twenty-first century, directly impacting the achievements of internationally agreed development goals. New Zealand is committed to working with fellow Member States to achieve a collective response to this very significant challenge.

Mr. Koncke (Uruguay) (*spoke in Spanish*): Uruguay aligns itself with the statement made by the representative of the Plurinational State of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

Non-communicable diseases are the main threat to health, quality of life and human development at the global level. According to the World Health Organization, more than 36 million people die every year because of NCDs, accounting for about 80 per cent of deaths in low- and middle-income countries. In that regard, the main risk factors for non-communicable diseases — such as the use of tobacco, unhealthy diets, physical inactivity and the harmful consumption of alcohol — play an important role. All of those can be avoided and prevented. They are, in turn, responsible for the epidemic of excessive weight and obesity and the high prevalence of high blood pressure, high cholesterol and cancer.

It is also important to recognize mental and neurological conditions as important causes of morbidity that contribute to the burden of non-communicable diseases at the global level. A high percentage of those diseases can be prevented and their development slowed by interventions to promote health and to prevent and/or treat them in a timely manner. It is the duty of States to achieve the highest possible level of health for their populations through the comprehensive development of activities, aimed at people and at the environment, that promote healthy living conditions and participation in all those activities that contribute to improving the quality of life of the population.

We understand that in order for policies to reduce and control non-communicable diseases to be effective, the efforts and contributions of all sectors of society — including Governments, civil society,

the private sector, the communications media and health and education professionals, among other social stakeholders — as well as regional and international cooperation, are needed. In the case of my country, Uruguay has specific policies for the four main risk factors, with differing levels of programme implementation and interventions and of coordination between the health sector and other sectors related to the area.

Uruguay has shown great international leadership in an area that plays an important role in non-communicable diseases — tobacco consumption, which leads globally to 6 million deaths per year and is responsible for 10 per cent of adult deaths throughout the world. Controlling tobacco consumption is of political and social importance and is a priority in the context of Uruguay's public policies. My country has implemented the Framework Convention on Tobacco Control virtually in its totality. In doing so, we achieved a ban on advertising and on smoking in public areas, controls on those areas, changes in our tax policy, a ban on names or colours on cigarette packaging that would lead to confusion with regard to the harmful nature of the product and, finally, the establishment of smoking-cessation policies.

It is also important to underscore the creation of the Centre for International Cooperation on Tobacco Control within the Ministry of Public Health, which works to control tobacco in the country and is made up of representatives of the Government and civil society. The Centre provides assistance and cooperation for the implementation of policies and the drafting of laws on tobacco control and seeks to promote an exchange of experiences in the region and with the rest of the world. Uruguay's anti-smoking campaign has led to litigation in domestic courts; Uruguay has won every case. It also led to a confrontation with the international tobacco industry on the grounds of violation of investment policies.

Although progress has been made internationally since September 2011 in addressing non-communicable diseases, that progress is insufficient. It is therefore fundamental that we redouble our efforts to bring about a world free of the avoidable burden of non-communicable diseases. In our understanding, the United Nations should play a fundamental role in the prevention and treatment of such diseases in order to ensure that we have adequate policies in the context of the international development agenda.

For Uruguay, universal health coverage should be a goal that guides the transformation of the health systems so that everyone and all communities have equitable access to the comprehensive, guaranteed and enforceable quality services that they may need during their lives without incurring financial hardship. My delegation believes we should implement policies and interventions to address the social factors that affect health and encourage the commitment of all of society to promote health and well-being, with an emphasis on groups that are living in poverty and vulnerable situations.

As part of the public-health policies, the relevant ministry in Uruguay has granted particular importance to South-South cooperation. Also, in the area of public health, our references are the Pan American Health Organization and the World Health Organization, through which we aim to extend and make useful the good experiences and good practices at the regional and subregional levels.

We recognize the importance of the usefulness of the strategies and tools developed by the World Health Organization for dealing with non-communicable diseases, among them the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 and the indicators in the Action Plan for monitoring the progress of its implementation, and the global coordination mechanism for the prevention and control of non-communicable diseases.

Uruguay suggests that the post-2015 development agenda recognize the dimension of the impact of non-communicable diseases and that it include specific goals aimed at reducing the risk factors. Among them, the need to speed up the implementation of the Framework Convention on Tobacco Control should be stressed. Uruguay is prepared to continue to work constructively with the World Health Organization to further deepen international cooperation among the member countries of that organization in order to carry out those policies.

Mrs. Bartoli (France) (*spoke in French*): At the outset, I would like to note that France associates itself with the statement delivered by the observer of the European Union (see A/68/PV.100). I would also like to express thanks for the commitment of everyone, in particular the Secretary-General, the President of the General Assembly, the secretariat of the World Health

Organization (WHO) and the two co-facilitators for their energy in preparing this High-level Meeting.

Three years after the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), cardiovascular diseases, diabetes, cancer and chronic respiratory diseases are still today the leading causes of morbidity in the world. They have been responsible for the deaths of 36 million people in 2008 and 60 per cent of deaths worldwide, 80 per cent of which are in low- and medium-income countries.

Challenges therefore remain in the fight against non-communicable diseases. There are the inequalities in access to health coverage and inequalities in access to health care, depending on the territory, often in a context of economic crisis. It is especially the poorest — single-parent families, young workers, the elderly and the excluded — who are the most vulnerable, and some are still unable to receive care because of a lack of resources, including in our country.

In the fight against non-communicable diseases, it is necessary to see to the promotion of actions for prevention and health education very early, through targeted prevention policies such as public-awareness campaigns to reduce the prejudice and discrimination associated with non-communicable diseases. There is also a need to promote policies to control those pathologies with the help of mechanisms more centred on patients' needs.

France has always advocated greater consideration of the main causes of non-communicable diseases, by committing to a nutrition policy that is more respectful of our health, by combating tobacco consumption and banning its consumption in all public places since 2009, by taking very vigorous measures against alcohol consumption, including by pregnant women, by promoting physical activity and by improving environmental health conditions with a national environment health plan, adopted on that occasion.

France wishes to recall today its commitment to raising the fight against non-communicable diseases to the global level. To achieve that, France is particularly committed to the promotion of two guidelines to effectively fight non-communicable diseases: first, strengthening health systems and their capacities, and, secondly, adopting an interministerial and multisectoral approach instead of one of silos, which, in our view, is essential to taking into account the social and environmental determinants of non-communicable diseases. Those concerns echo a number of the strategic orientations and priorities of the French health authorities. It is in that context that we had the honour of organizing in Paris in April, under the auspices of WHO, the fourth strategic meeting of the Transport, Health and Environment Pan-European Programme.

France stresses the indispensable complementarity between vertical funds and more cross-cutting measures. That approach is not intended to abandon vertical funding, but rather to improve its effectiveness through cross-cutting measures — the only way to significantly increase the effectiveness of all measures adopted up to now. In that respect, France attaches great importance to the implementation of universal health coverage, even though we are well aware that this is a long-term process. The fact remains that it is a major objective to be achieved, a tool that works for non-communicable diseases, certainly, but for all kinds of diseases, be they communicable or non-communicable. Universal health coverage is an ongoing process, which makes possible the strengthening of health systems. At the same time, it enables progress in developed and developing countries jointly. That is a true common objective for all Member States, a real sustainable development goal that we hope to promote for the post-2015 agenda.

Exchanges in this Hall provide a special opportunity to address and discuss the most convincing experiences for the realization of this goal. The universality of that argument does not, however, mean a willingness to impose or export a particular model. It is up to each country, according to its own characteristics and history, to forge its own model, because health does not mean only providing care or combating disease; it also and above all means promoting the development of an environment conducive to well-being, protecting oneself from risks by, for example, fighting air pollution. It means encouraging our citizens to regularly engage in physical activity by using a bicycle or walking, rather than riding in a motorized vehicle. It also means promoting a secure environment to control health costs and helping the weakest in terms of their needs and not their means and without any form of discrimination.

For those reasons, France will continue to engage fully at the national level and in international forums to promote an environment conducive to a healthier life.

Mr. Hahn Choonghee (Republic of Korea): I am pleased to be a part of this significant High-level Meeting to discuss the prevention and control of non-communicable diseases (NCDs). Previous high-level meetings of the General Assembly and subsequent international cooperation on NCDs have created a paradigm shift, emphasizing the importance of national capacity and international cooperation in dealing with NCDs, and have successfully put NCDs on the global agenda.

Among many notable achievements after the adoption of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), the Government of Korea would like to acknowledge the significance of the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 of the World Health Organization (WHO) and its nine global targets, including a 25 per cent reduction in premature mortality from NCDs by 2025. The Action Plan will be an effective guideline for national capacity-building and international cooperation.

In addition to such global cooperation on NCDs, there have also been regional dialogues. In 2011, the Seoul Declaration on Non-communicable Disease Prevention and Control in the Western Pacific Region declared the commitment of member States in providing strong and sustained high-level political support for NCD prevention and control. I would also like to welcome the development of the Western Pacific Regional Action Plan for the Prevention and Control of Non-Communicable Diseases for 2014-2020. The Korean Government will continue to actively participate in global and regional efforts to tackle non-communicable diseases.

The Korean Government has recognized the importance of strengthening national capacity and governance to increase the country's response in preventing and controlling NCDs. The second term National Strategy for Prevention and Control of Cardiovascular Diseases was developed in 2011 to address surveillance, prevention, early detection, treatment and rehabilitation of cardiovascular diseases and their risk factors.

Various NCD programmes in Korea have been launched as a result of multisectoral action and different Government agency partnerships. The Ministry of Health has collaborated with the Ministry of Food and Drug Safety to launch numerous salt-reduction programmes. The Ministry of Health and the Ministry of Education are coordinating with each other to run asthma-free schools. The cardiac arrest surveillance system is a public-private partnership programme involving close collaboration among the Ministry of Health, the National Emergency Management Agency and various hospitals. In 2013, the Integrated Community Health Promotion Programme was launched, through which local governments deliver health-promoting programmes according to the needs of local communities.

One of the objectives of the WHO Global NCD Action Plan 2013-2020 is to promote high-quality research. To that end, the Korean Government has recently undertaken research applying the WHO-CHOICE methodology, which will provide information on cost-effectiveness and strategic planning to help guide policy decisions. The Korean Government has enforced strict smoking bans in public areas and seeks to further apply other NCD best-buy strategies.

The Korean Government has had successes in dealing with NCDs, but there are some remaining gaps, such as achieving more comprehensive health-in-all policies and a whole-of-Government approach. Another remaining issue is the coordination between the central and local Governments in NCD prevention and control in the current decentralized policy environment. To that end, the Korean Government welcomes the establishment of the WHO Global Coordination Mechanism on NCDs.

I believe this High-level Meeting is a valuable opportunity to share success stories and best practices and listen to diverse views and opinions on the causes of and preventive measures and international cooperation mechanisms for NCDs from all concerned parties and stakeholders. I sincerely hope that this important event will contribute to maintaining the political momentum that will place non-communicable diseases on the post-2015 development agenda, ultimately accomplishing the global target on NCDs by 2025. The Korean Government looks forward to concerted action by the global community in the fight against non-communicable diseases.

Mr. Momen (Bangladesh): Let me begin by sharing with the General Assembly some key features of the health sector in my country, Bangladesh.

My country faces a double burden of diseases — communicable diseases and non-communicable diseases (NCDs). The great burden of communicable diseases is historical in a developing and tropical country like Bangladesh, which is one of the most vulnerable countries in the world in terms of climate and faces frequent natural disasters that entail huge loss of life, assets and infrastructure.

In addition to climatic disasters, our population density is one of the highest in the world. Yet Bangladesh has made remarkable progress in attaining some of the health-related Millennium Development Goals (MDGs). For example, we have reduced the infant mortality rate by more than 72 per cent. We have reduced poverty by more than half, from 59 per cent in 1991 to 26 per cent today. We have remained on track in achieving most of the MDGs, and we have achieved full immunization coverage for our children. It is therefore no wonder that life expectancy has sharply increased, to 69 years since the mid-50s. Yet we still face many challenges, including poor nutrition intake and increasing rates of NCDs.

While the prevalence of communicable diseases is decreasing, we are seeing quite a sharp rise in the prevalence of NCDs. The NCD burden is rapidly increasing due to social transitions, unhealthy dietary habits and rapid and unplanned urbanization. As a result of climatic disasters, large numbers of our people are uprooted from their traditional homes and move to cities, thereby contributing to the creation of slums. Inhabitants of rural areas and urban slum dwellers are the ones who suffer the most. In terms of the number of lives lost due to ill health and disability, NCDs account for 61 per cent of the total disease burden. Underprivileged communities in the country are bearing the heaviest toll of that burden. Major NCDs in Bangladesh include diabetes, cardiovascular disease, hypertension, stroke, chronic respiratory diseases and cancer.

The United Nations High-level Meeting on the prevention and control of NCDs in 2011 provided us with strong political support and commitments at the highest political levels. The Political Declaration on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) called for reducing risk factors through a multisectoral approach. This High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases is taking place at the appropriate time, coinciding with the preparatory phases of the crafting of the post-2015 development framework. Non-communicable diseases need to be appropriately addressed in the sustainable development goals and in the post-2015 development agenda, with the aim of strengthening the surveillance system for mapping risks, burdens and other shared but differential responses with a view to achieving the objectives and goals.

In Bangladesh, the Government has already put in place a multisectoral coordination mechanism to bring on board all stakeholders, such as non-governmental organizations, civil society and the private sector, to work closely with the Government and the formal health-care-provider establishment. We have ratified the World Health Organization (WHO) Framework Convention on Tobacco Control and have developed a national strategic plan for the surveillance and prevention of NCDs for 2011-2015. A national NCD risk factor survey and a global adult tobacco-use survey were conducted to generate evidence on risk factors for NCDs. Legislative initiatives taken by the Government include a mental-health act and a tobacco-control law. Diagnostic and curative care for major NCDs is made available even in secondary-level health-care facilities. Health workers are oriented and trained in responding to NCDs and in their prevention. Selected NCD prevention and control models are being piloted at the primary-care level. In addition, training centres are being establishing for identifying autism-spectrum disorders and other disabilities.

As the Assembly knows, setting up a comprehensive surveillance system requires technical skill and substantial financial commitments. Many of the developing countries, particularly the least developed ones, may not be able to afford to cope with all the desired indicators and targets. However, for comprehensive technical cooperation from WHO, creation of a global pool of funds from various stakeholders could give a big push for setting and achieving targets by resource-constrained countries like Bangladesh. We urge WHO to provide technical assistance and our development partners to provide concrete project-oriented financial support in order to achieve the global targets for the prevention and control of non-communicable diseases in Bangladesh. Bangladesh pledges that it will fully develop and implement a comprehensive monitoring framework for targets that we have already adopted.

We also welcome the outcome document of the high-level event (resolution 68/300), particularly the inclusion of mental and neurological disorders therein. In that regard, I would like to thank and congratulate the two co-facilitators, Permanent Representatives Ambassador Courtenay Rattray of Jamaica and Ambassador Bénédicte Frankinet of Belgium, on their hard work.

Mr. Khalil (Egypt): Egypt aligns itself with the statement delivered yesterday by the Chair of the Group of 77 and China, the Ambassador of Bolivia to the United Nations (see A/68/PV.100).

We would first like to congratulate our colleagues and the co-facilitators of resolution 68/300, adopted yesterday, Courtenay Rattray of Jamaica and Bénédicte Frankinet of Belgium.

Non-communicable diseases (NCDs) are still responsible for approximately two thirds of premature deaths globally. They continue to threaten human life and to challenge the ability of Member States to achieve their development goals. Despite the national efforts made over the past three years, much remains to be done. The international community should address NCDs through a comprehensive, equitable and nationally owned framework. National ownership ensures the efficiency and effectiveness of NCD-related programmes and guarantees that they will be tailored to the specific needs of each country. An efficient response to combat the prevalence of NCDs should include the following elements.

The first is to strengthen national capacities to provide adequate and effective prevention, treatment and care programmes. That includes providing access to new, effective, high-quality and affordable medecines, diagnostic technologies and palliative care. In that regard, a successful scheme for the transfer of technology should be put in place.

The second element is to ensure that the treatment of NCDs is provided at affordable prices, particularly in developing countries, where there is an increased burden on individuals, families and communities. There is a need for a flexible intellectual property-rights systems that takes into account the priority of protecting human life in accordance with the Doha Declaration on the TRIPS Agreement and Public Health.

Third is to enhance the ability of developing countries to launch awareness campaigns against unhealthy lifestyles and risk factors, including tobacco and alcohol abuse, unhealthy diets and a lack of physical activity. That requires providing the necessary financial resources and the developing and strengthening of national institutional and human resources capacities.

The fourth element is to urge the tobacco, medical and food and beverage industries to assume their responsibility to contribute to the promotion of healthy lifestyles among populations, including through the reduction of tobacco consumption and the promotion of healthy and nutritional products.

The fifth element is to establish mechanisms for sharing best practices, lessons learned and technical assistance in colaboration with the United Nations, the World Health Organization (WHO) and the relevant international and regional bodies.

Egypt's Ministry of Health is currently working on a system for the earlier diagnosis of NCDs, mainly diabetes and cardiovascular diseases. That service is provided free of charge in almost half the country's public hospitals with a view to expanding it to all health-care providers in the next few years. Egypt's Ministry of Health signed a cooperation protocol with WHO to train medical services providers on the early diagnosis of NCDs and the risk factors. It also established a national database on NCDs, their risk factors and their prevalence levels in each governorate.

Finally, NCDs are a contributing factor in the spread of poverty. The long-term treatment of patients with NCDs and rising health-care costs often result in a loss of productivity at the individual and family levels, threatening household income and leading to productivity loss. The estimated cost of the treatment of patients with NCDs in the next three decades amounts to $47 trillion. The international community must reaffirm its commitment to the successful prevention and combating of NCDs through a sustainable development process in which support must be provided for the development of infrastructure and economic, educational and health systems.

Egypt believes that such legitimate concerns should be adequately reflected in the post-2015 development agenda and the sustainable development goals. I believe that this High-level Meeting should recommend such inclusion. Let us all work in that direction.

The meeting rose at 11.10 a.m.